

OFFICIAL

Attachment 4.14-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE CONNECTICUT

Practices and Procedures for Utilization
Control in ICFs/MR

The following practices and procedures will be implemented effective April 1, 1998 to meet the requirements of 42 CFR Part 456, Subpart F, for utilization review in intermediate care facilities for mentally retarded:

1. For the CERTIFICATION for New Admissions:

The W-10 process will continue for all new admissions to the ICF/MR level of care. Completion of the W-10 form is not, however, required when an individual transfers between ICFs/MR. The W-10 must be accompanied by the "Overall Plan of Services" form (W-1215) to satisfy the requirements of 42 CFR 456.370. Additionally, an annual recertification statement is to be part of each resident's medical record and is to be signed and dated by a physician, or physician assistant, or nurse practitioner, to satisfy 42 CFR 456.360.

2. For the CONTINUED STAY REVIEW:

All ICFs/MR will conduct periodic continued stay utilization reviews for each Connecticut Title XIX or pending resident in their facility. To document this review, the newly issued "Continued Stay Review" (W-1215UR) paperwork is to be completed by a QMRP for each resident in the facility on a six-month basis. The ICF/MR facility will be responsible for submitting those completed forms to the DSS Medical Review Team for UR compliance review. The approved W-1215UR will be returned to the facility administrator along with a letter listing all individuals for whom continued stay has been confirmed. These utilization review procedures will satisfy the requirements of 42 CFR 456.434. This process replaces the UR process previously conducted by DMR.

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